

## **Exhibit 2e**



U.S. Department of Justice  
Federal Bureau of Prisons  
Federal Correctional Institution  
McKean, PA 16701

---

## Institution Supplement

OPI: Health Services Administrator

NUMBER:1640.04a

DATE: November 5, 2004

SUBJECT: **SMOKING AND NON-SMOKING AREAS**

1. **PURPOSE:** To implement national policy on smoking/no smoking areas at FCI and FPC McKean. Smoking cessation programs will be available to interested staff and inmates. These voluntary programs will be provided through psychology and health services.
2. **DIRECTIVES REFERENCED:**
  - a. Directives Referenced:  
P.S. 1640.04, Smoking/No Smoking Areas, dated March 15, 2004.
  - b. Directives Rescinded:  
I.S. 1640.03 Smoking/No Smoking Areas, dated June 21, 2002.
3. **PROCEDURE:** All provisions of this supplement apply to staff, inmates, and visitors.
  - A. Designated Smoking Areas: Except as delineated in Section B, all buildings at FCI/FPC McKean are no smoking areas. Outdoor smoking is permitted by staff and inmates in designated areas. Areas without smoking signs are non-smoking areas. Designated smoking areas for inmates are located outside of each housing unit, in front of the institution warehouse area, and the area between health services and the education building. After January 17, 2005, use of tobacco for inmates is prohibited. Designated outdoor smoking areas for use by staff only are located outside the staff lounge area within the main institution, between the UNICOR warehouse and camp administration building at the FPC, and in an outdoor location at the Training Center. After January 17, 2005, the designated area between health services and education building and the area located in front of the institution warehouse will become a staff only designated smoking area.

---

**Distribution:**

Master File

Executive Staff

Department Heads

Law Library

Local AFGE

B. SMOKING IN CONFINED SPACES:

1. Perimeter Vehicles: Staff assigned to perimeter patrol may smoke in the patrol vehicle. Such vehicles will revert to no smoking when occupied by two or more individuals.
2. The outdoor religious services area has been designated as an approved smoking area only when smoking is to be part of an authorized religious activity. This area will be closely monitored by staff to ensure compliance with the SMOKING/NO SMOKING policy.

C. Sanitation/Disposal of Cigarette Butts: Cigarette butts are to be properly disposed of in noncombustible ashtrays or containers. Cigarette butts are not to be littered on the institution grounds.

D. Staff Smoking Cessation Programs: Upon implementation of this supplement, and for a period not to exceed 60 days, all interested staff including new employees who enter on duty during this time will have the opportunity to contact psychology services to enroll in a smoking cessation program consisting of two components: psycho-educational smoking cessation classes and nicotine replacement therapy (Attachments C&D). No one will be eligible to participate in the smoking cessation program after the 60<sup>th</sup> day. Both components will be provided by the employer at no cost to employee and will be tailored to the individual needs of the requesting employee within a psycho-educational framework. The program will be provided to the employee, who shall be on administrative leave, workload permitting, to attend smoking cessation classes that are scheduled during their work time. The smoking cessation classes address stress management, physical activity, nutrition and nicotine replacement therapy through video, written hand-outs and classroom presentations. Staff will need to request via a GroupWise message to the Chief of Psychology requesting to participate in the smoking cessation program. The Chief Psychologist or staff psychologist will lead the smoking cessation program.

It is recommended that staff considering Nicotine Replacement Therapy (NRT) consult their personal physician before initiating NRT. Your personal physician can advise you on the products available and the recommended course of therapy. The institution is not responsible for any expenses associated with the visit to your personal physician. Staff considering NRT must sign up for the smoking cessation program to be reimbursed for the NRT.

To the extent not covered by health insurance, the Employer will provide a one-time payment to each employee who participates in NRT, for an eight week supply of either patches or nicotine chewing gum. Staff must complete Attachment B and forward it to Financial Management in order to be considered for reimbursement.

November 5, 2004

- E. Inmate Smoking Cessation Programs: The Smoking Cessation/Reduction program is available to all inmates by contacting Psychology Services staff or medical staff. Inmates will receive information on nutrition and life-style modification changes, to include exercise, stress management and weight loss and the use of nicotine replacement therapy (NRT.) The program also involves the authorization of approving purchasing of NRT through the Commissary.

At the inmate's written request, Health Services staff will conduct a medical evaluation and collect clinically pertinent information prior to approving NRT. Once approved for either a six or 10 week program, NRT patches can then be purchased through the Commissary (See Attachment A), at the inmate's expense. Inmates will keep Attachment A in their possession until the final supply of nicotine replacement patches have been purchased. The Commissary staff will complete the NRT form and forward the form to the Health Services Department for placement in the inmate's medical record.

4. RESPONSIBILITIES:

- A. Inmates: All inmates and inmate visitors will comply with the provisions of this supplement. Violators will be subject to disciplinary action.
- B. Staff: All staff will comply with the provisions of this supplement. Staff will take appropriate steps to ensure all inmates abide by this policy.
- C. Supervisors: Supervisors are responsible for the overall enforcement of the smoking/no smoking policy in their respective areas.
- D. Associate Wardens/Superintendent of Industries: Associate Wardens are responsible for ensuring compliance with this policy within their disciplines. The Superintendent of Industries has overall responsibility for this policy in all UNICOR, Education, and Recreation areas. The Associate Warden (Operations) will ensure proper signs are posted in all "DESIGNATED SMOKING AREAS" of the institution.
- E. Warden: Only the Warden may designate smoking areas for the institution.
- F. Attachments B, C, and D will expire after 6 months from the date of issuance of this Supplement.

---

James F. Sherman, Warden

**INMATE NICOTINE REPLACEMENT THERAPY APPROVAL**

INMATE NAME \_\_\_\_\_ DATE: \_\_\_\_\_

INMATE REG. NO. \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

\_\_\_\_\_ **Six (6) Week NRT Dosage Program** Expiration date: \_\_\_\_\_

21 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_ (initialed by Commissary)

14 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

7 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

\_\_\_\_\_ **Ten (10) Week NRT Dosage Program** Expiration date: \_\_\_\_\_

21 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_ (initialed by Commissary)

21 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

21 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

14 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

7 mg Patches (2 WEEK SUPPLY) Purchased on \_\_\_\_\_

Health Services Provider Signature \_\_\_\_\_

Health Services Provider Name Stamp \_\_\_\_\_

When a purchase is made on this authorization, the Commissary staff member shall initial the **Purchased on** line.

This authorization is to be returned to Health Services by the Commissary when the inmate has made the last authorized purchase.

Three (3) month smoking status: \_\_\_\_\_ smoking \_\_\_\_\_ non-smoking

Six (6) month smoking status: \_\_\_\_\_ smoking \_\_\_\_\_ non-smoking

Smoking Cessation Program completed on: \_\_\_\_\_

November 5, 2004

Attachment B

**To be completed by the Employee:**

I paid \$ \_\_\_\_\_ for my supply of Nicotine Replacement Therapy (NRT) (up to 8 weeks) in accordance with P.S. 1640.04. **(Attach original receipt(s) to this form)**

Of this amount \$ \_\_\_\_\_ was covered by my health insurance.  
(Attach proof of health insurance policy for NRT claims)

I certify that I have not made a claim for reimbursement through a flexible spending account.

\_\_\_\_\_  
(Employee signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee name printed or typed)

**To be completed by the Employee's Supervisor:**

I have reviewed this claim and certify that the claim is in accordance with P.S. 1640.04.

\_\_\_\_\_  
(Supervisor signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor name printed or typed)

Office of Financial Management: Code all obligations and payments associated with the Smoking Cessation - Staff Reimbursements to the following **"local"** level Staff Wellness Program Accounting Classification Code:

**Institution:** FP020903MA with Project 71V (Smoking Cessation Program)

## Attachment C

## NICOTINE REPLACEMENT THERAPIES

Listed below are the most common brands of Nicotine Replacement Therapy patches and gum. The approximate cost for an eight week supply of the NRT has been included. Total costs will vary depending upon individual need, brand, strength, store, etc. The values listed below are calculated from maximum use limits for each product.

**Nicotine Patch:**

1 patch daily

Approximate Cost: \$120 - \$220 for 8 weeks

**Most common brands of nicotine patches:**

Nicotine Transdermal Patch (store brand)

Nicoderm CQ

Nicotrol

**Nicotine Gum:**

Maximum of 24 pieces per day

Approximate Cost: \$40 - \$620 for 8 weeks

**Most common brands of nicotine gum:**

Nicotine Gum (store brand)

Nicorette

If products other than those listed above are submitted, please consult with the Institution Health Services Administrator or Clinical Director.

November 5, 2004

Attachment D  
Page 1 of 2

## **SMOKING/NO SMOKING POLICY**

### **Questions and Answers**

#### **Who is eligible?**

Upon implementation of the Smoking Cessation Program, and for a period not to exceed 60 days, interested employees, including new employees who enter on duty during this time, are eligible to participate in the Smoking Cessation Program (SCP). No one will be eligible to participate in the smoking cessation program and therefore be reimbursed for Nicotine Replacement Therapy (NRT) after the 60th day.

#### **Do I need to be medically cleared before starting NRT?**

It is recommended that staff considering NRT consult their personal physician before initiating NRT. Your personal physician can advise you on the products available and the recommended course of therapy. The BOP is not responsible for any expenses associated with the visit to your personal physician.

#### **How do I sign up for the SCP?**

See section D of the institution supplement.

#### **Do I have to sign up for the SCP to be reimbursed for the NRT?**

Yes - Effective smoking cessation programs provide information on nutrition, physical activity, stress management as well as nicotine replacement therapy. All of these components play an important role to enhance your success. While participating in NRT you may contact the Psychology Department regarding questions or concerns.

#### **How and when will I be reimbursed?**

You are responsible for completing Attachment B, Claim for Payment of NRT form, and attaching the original receipt(s) i.e., no photocopies, for the NRT purchased. This claim form must be signed by your immediate supervisor. You are responsible for submitting the claim and receipt(s) Business Office for processing.

You will receive an EFT (direct deposit) to your designated account, within 30 calendar days with the understanding this payment represents the one-time reimbursement for up to 8 weeks of NRT.

#### **Will I be reimbursed by the BOP if my insurance pays for NRT?**

The BOP will reimburse you only for non-covered expenses.



Attachment D  
Page 2 of 2

**I am eligible for reimbursement through a Flexible Spending Account (FSA) Program. Can I submit a claim to FSA for expenses incurred with the Smoking Cessation Program?**

While some employees may wish to submit a claim through their FSA, especially if they overestimated their yearly medical deductions, FSA will reimburse only those allowable medical expenses which have not otherwise been reimbursed. Keep in mind, you will only receive reimbursement from one source, FSA or BOP.

**What smoking cessation therapies are approved ?**

Attachment C includes a list of the approved therapies and approximate cost for eight weeks of therapy. If the supervisor has questions regarding the therapy listed on the receipt, the HSA/CD will be available to review the submitted therapies not on the list. Wellbutrin/Zyban, inhalers, and nicotine lozenges are not approved therapies.

**Do I have to buy all eight weeks of NRT at once? What if I buy two weeks at a time? Can I be reimbursed every two weeks?**

Employees can submit only one claim for payment form for the entire eight week supply. If you buy NRT in smaller quantities, you must save your original receipts and submit them together for a one time reimbursement.

**What if my doctor recommends 12 weeks of therapy?**

The Bureau of Prisons is required to provide payment for only eight weeks of therapy. If additional therapy is recommended and completed, you will be responsible for the additional costs.

**Do I have to complete the NRT program within 60 days?**

No, you must sign up to participate in the Smoking Cessation Program within 60 days. However, it is expected you will purchase the NRT, and submit the original receipt(s) within the next eight weeks.

**Is this payment subject to income tax?**

No

**Are family members eligible for the Smoking Cessation Program, including NRT?**

No

**Will I be reimbursed for other alternative therapies, e.g. acupuncture, inhalers, hypnosis, anti-depressants, etc.**

No

**If I fail the NRT program, do I have to reimburse the government?**

No